

Please return form to: Email: info@MemoriesMadeKids.org Fax: 978-268-5911

Camper Name: _____ Age at Camp: _____ Gender: _____

Contact Information

Parent/Guardian: _____ Phone Number: _____

Email Address: _____

Camp Information

Camp Name: _____ Camp Dates: _____

Camp Address: _____

Please check all needed items

- Trunk/Storage Sleeping Bag Bedding
- Bath Towels Beach Towels Pillow
- Toiletries Sunscreen Bug Spray
- Laundry Bag Backpack Water bottle
- Stuffed Animal Books Sunglasses
- Personal Games Flash Light Pads/Tampons
- Medical ID
- Bedwetting - Pull ups Size: _____

Preferred Colors/Styles:

List Any Product Allergies:

Clothing

Sizes

- Shoes _____
- Shirts & Sweatshirts _____
- Shorts & Pants _____
- Swim Suit _____
- Socks & Underwear _____
- Poncho/Rain Jacket _____
- Pajamas/Sleepwear _____

Other needed Items

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Travel to and from Camp

- Address departing to camp: _____
Date & Time of Drop off: _____ Name of Adult Traveling with Camper: _____
- Address arriving to from Camp: _____
Date & Time of Pick Up: _____ Name of Adult Traveling with Camper: _____

Parent/Guardian Signature: _____

Date: _____